P99000105975

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	IECT: J.J. Slaugh General Contracting, Inc. (Name of corporation)
	D00000405075
DOC	UMENT NUMBER: P99000105975
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	John W. Slaugh
	(Name of contact person)
	J.J. Slaugh General Contracting Inc.
	(Firm/Company)
	P.O. Box 990520
	(Address)
	Naples FL 34120
	(City/state and zip code)
For fu	orther information concerning this matter, please call:
John \	W. Slaugh at (239) 352-5649
	(Name of contact person) (Area code & daytime telephone number)
Enclos	sed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(6/04)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

· ·	•	607.1508, or 617.1508, Florida Statutes, ed under the laws of the State of Florida	this
		ed agent, or both, in the State of Florida.	
1. The name of the	corporation; J.J. Slaugh General Conti	racting, Inc.	<u> </u>
2. The principal of	fice address: 230 Goldengate Blvd. W.		7.
Naples FL 341	20		
3. The mailing add Naples FL 341	lress (if different): P.O. Box 990520		
4. Date of incorpor	ration/qualification: 12/07/1999	Document number: P990000105975	5
5. The name and s Florida Departn	treet address of the current registered age ent of State:	ent and registered office on file with the	
s	olis,Andrew	ACC	. 명
1	100 5th Avenue, Suit 301	PAGE HAGS	JUN 23
<u> </u>	laples FL 34102	SE E	ay =
6. The name and s (if changed):	treet address of the new registered agent	(if changed) and /or registered office	F STATE
<u>J</u> .	ohn W. Slaugh	<u> </u>	
2	30 Goldengate Blvd. W.		
	(P.O. Box NOT acceptable)		•
N	laples FI 34120		.
The street address as changed will be	of its registered office and the street ace identical.	ddress of the business office of its registe	ered agent,
Such change was authorized by the	authorized by resolution duly adopted board, or the corporation has been noti	by its board of directors or by an officer fied in writing of the change.	so
S/V		John W. Slaugh	
I hereby accept th	of an office of disease) e appointment as registered agent and comply with the provisions of all statut I am familiar with and accept the oblig filed merely to reflect a change in the een notified in writing of this change.	(Printed or typed name and title) agree to act in this capacity, les relative to the proper and complete p ation of my position as registered agent, registered office address, I hereby confi	erformance Or, if this rm that the
	W>11~	06/21/05	
(Signa	ture of Registered Agent)	(Date)	
If signing on beha	lf of an entity:		
(Typ	ed or Printed Name)	and the second s	·

i. _ = *. . .

* * * FILING FEE: \$35.00 * * *